Quality Assurance

Framework

September 2020

Contents

Document Control

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Change History

Version	Date	Author	Summary of Changes
V0.1	08/09/2020	Howard Woldsmith	First draft for approval by Boards

1. Introduction and Statutory Context

The purpose of this document is to set out the Suffolk Safeguarding Partnerships (the Partnerships) approach to learning, improvement, quality assurance and audit across adults and children's services.

The Partnership expects all partners to have in place effective quality assurance and monitoring in compliance with their own regulatory and governance requirements. The Partnership will seek assurance from partners through evidencing that they can demonstrate:

- Performance Monitoring – How safe local people are
- Quality Assurance – Agencies effectively working internally and together
- Stakeholder Engagement – Making a difference – improving the outcomes for people

Adopting a continuous cycle of improvement will assess the effectiveness and quality of help being provided to adults at risk, children, young people and families in order to evidence improved outcomes, meeting organisational statutory requirements, identifying lessons learned, using data and learning to inform approaches, planning, strategies and policy development.

The Partnerships Governance Structure provides the mechanism for assurance to be sought at both a strategic and operational level. The Executive Group, Boards and Learning & Improvement Groups (LIG) all seek to oversee the effectiveness of the arrangements made by individual agencies and the wider partnership to safeguard people at risk of abuse or neglect. Where appropriate, they will also challenge all relevant organisations on their performance in ensuring that people are kept safe and free from risk of harm.

The remit of the boards is not operational but one of coordination and evaluation. Its function is to exercise oversight and assurance in respect of safeguarding arrangements, some of which may be developed and led by individual agencies, the LIG or external organisations.

Through the Care Act 2014 and the Social Work Act (2017) (further refined by the Working Together 2018 guidance) the Partnership has the authority to call any agency to account for its safeguarding activity and requires each to initiate activities which assess and improve their own safeguarding practice and ensure that responses are effective.

Adults

The Care Act 2014 made local authorities responsible for ensuring that any adult who needs care and support, and who is at risk of or experiencing abuse or neglect, and as a result of their needs is unable to protect themselves, is protected by the multi-agency process. The overarching objective of the Care Act 2014 is for adults to live a life free from abuse or neglect. This cannot be achieved by any single agency and everyone working with adults has a role and a responsibility in helping to keep adults safe. It is therefore essential that all agencies and organisations work in partnership to help protect adults from abuse and neglect. Section 43 of the Care Act places a requirement on local authorities to establish a Safeguarding Adults Board (SAB).

Childrens

The requirements published under Working Together to Safeguard Children 2018 changed the statutory multi-agency safeguarding arrangements for children in Suffolk and replaced the previous requirements to have a Local Safeguarding Children's Board (LSCB). The Children Act 2004, as amended by the Children and Social Work Act 2017, places new duties on key agencies in a local area. Specifically, the police, clinical commissioning groups and the local authority are under a duty to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area.

2. Commitment to Continuous Improvement

The Partnership is committed to a culture of continuous learning. This framework documents the full range of reviews and audits monitored by the Partnership. Details on the key elements of these reviews can be found in Appendix 1.

The Partnership are developing a Standard for Outstanding Partnership Working. This will be included in the next revision of this document.

The Partnerships' Core Responsibilities

- Collect and analyse performance information in relation to all aspects of safeguarding, identifying themes and areas requiring action and report these to the quarterly Board meetings
- Develop challenging and rigorous approaches to monitoring and evaluating the impact of services on safeguarding and promoting the welfare of people
- Ensure the completion of a robust organisational self-audit program with all statutory partners and support other organisations within the Partnership wishing to undertake this activity
- Identify and share best practice
- Monitor the implementation and compliance with reviews to ensure lessons are learnt and embed improvement activity
- Present recommendations and audit findings; highlighting training needs, risks, resourcing and workforce issues and areas for practice and policy development.

Governance

The Partnerships audit programme will be agreed annually by the Executive Group, managed by the relevant subgroup (see Appendix 1) and overseen by the Partnership Manager. Each audit undertaken will require an audit moderation meeting to help the auditors discuss and share findings, and agree on strengths, worries and recommendations.
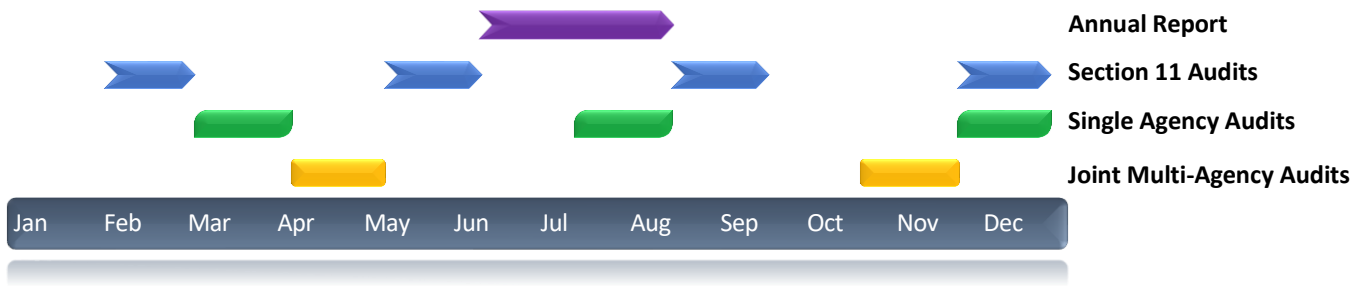
An audit tool will be developed for every agreed audit. The audit tool will vary according to the focus, will be based on practice standards (these will vary according to the standards of the service being audited), and developed according to the nature of the practice or safeguarding concern. The findings from audits will be summarised into a report that clearly shows evidence in terms of what is working well, concerns and worries, and recommendations for practice.

Findings and recommendations from audits will then be discussed and approved at the relevant LIG meeting before being shared with Board or Executive as appropriate.

Items identified as part of the risk management process may be used to inform future audit programmes.

The Audit Cycle

The image below illustrates an indicative annual programme of audit activities as directed by the Executive Group. Audits will be spaced out over the calendar year to minimise impact on operational activities.

												Annual Report
												Section 11 Audits
												Single Agency Audits
												Joint Multi-Agency Audits
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	

Stakeholder Voices (feedback, complaints etc) and Statutory Practice Reviews are not illustrated above as they are ongoing customer led commitments throughout the year and cannot be managed into specific periods of time.

How learning is disseminated

- At regional and national peer forums and training events
- Publication of the Partnerships Annual Report
- Through attendance at Practitioner Workshops
- Through quarterly round tables with stakeholder groups and service users
- Through safeguarding forums (e.g. the District and Borough, or Children's Homes Forums)
- Through senior partner strategic and operational meetings
- Through the Partnerships governance structure e.g. Board and its sub-groups
- Via the Partnership website, bespoke learning events and social media channels
- Via the quarterly updates at the three multi-agency Locality Safeguarding Meetings

Training

The Partnership does not directly deliver safeguarding training. It provides a quality assurance framework which includes the following:

- Access to a free E-Learning Safeguarding training system to level 2 for over 1000 users
- Advice and guidance on any training issues across the partnership
- An endorsement and quality assurance process for all single and multi-agency training based on nationally agreed best practice
- Input into the Local Authority hosted bi-annual Safeguarding Forum
- Learning to inform training from reviews through the LIGs
- Performance data reported to the Boards to demonstrate that staff, and in collaboration with the VCSE, volunteers are trained at the appropriate level
- Join up and alignment across multi agency training offer

Impact of Embedding a Learning Culture

Police

- It was identified that officers were either not switching their Body Worn Video (BWV) on, or in some cases switching it off when attending Domestic incidents. This meant that opportunity for immediate evidence gain and impact details were not being recorded or made available. On panel recommendation, messaging was given to all officers and now we are seeing BWV at virtually all incidents with increased evidential gain.
- The panel identified that in many cases House to House enquiries were not being undertaken. This meant that an opportunity to understand the current and historic situation was being missed. This was again subject to messaging and is now greatly improved.

Health

- Health providers audit via Section 11 and to assure that learning from serious incidents and Safeguarding Practice Reviews are actioned and embedded in practice. The acute trusts, Children's Social Care and community services regularly audit records to be assured record keeping is in line with policy and reflects good practice. Examples of recent audit themes have included: is there a genogram attached to records; are household members listed or is their evidence the voice of the patient was listened to, heard, and captured in the notes. The acute trusts audit the records of children who have attended for safeguarding medicals to ensure the correct process and pathways are followed, including using the correct paperwork, involving the correct professionals, completing discharge planning meetings. After recent implementation of national alert system CP-IS the acute trust completed a spot check to ensure it was being used correctly.

Social Care

- The ACS Quality Assurance Framework and Quality, Engagement and Performance Board (QEP) support quality assurance within adult social care. The ACS Quality Assurance and Practice Development Team oversee the ACS auditing programme, making recommendations and supporting action plans across the county. Recent thematic audits include NHS Continuing Healthcare; Safeguarding Enquiries; Carers Assessments and Digital Care – all which have resulted in quality improvement action plans. Auditors support collaborative learning processes; directly observing practice and obtaining feedback from people in the community to support quality improvement action plans. These plans are varied, and may include recommendations regarding recording processes and procedures; changes to policy and guidance; or performance related measures to support compliance. A recent audit highlighted a need for improved recording of nationality and immigration status; and resulted in the following actions: change to standard recording; regular compliance checking at QEP; change to procedure to support socially distanced checks. The actions have resulted in improved compliance with the associated legislation.

3. Quality Assurance Mechanisms

The primary challenge of quality assurance is to improve the quality of practice and safeguarding outcomes for people. Effective quality assurance will contribute to a culture of continuous learning and improvement and happen at a local and partnership level.

This process is designed to provide a systemic approach to quality assurance. It outlines the role of the Partnership at each stage. Quality can only be measured if there is a 'desired picture' for each service/content area which can be compared against performance data. Measures of quality should result in sustained improvement.

Examples of the quality assurance mechanisms supported by the Partnership include:

Further details about these methodologies can be found in Appendix 1.

Independent Scrutiny

Alongside these systemic approaches, the Partnership has an independent chair who, alongside chairing partnership meetings takes on the role of independent scrutineer. Part of their role is to judge the effectiveness of multi-agency arrangements to safeguard and promote the welfare of the people of Suffolk, including arrangements to identify and review serious safeguarding cases.

The independent chair considers how effective arrangements are working for children, families, and adults at risk as well as for practitioners, and how well the safeguarding partners are providing strong leadership.

Appointment of the independent chair is the responsibility of the Executive Group. They will ensure that the scrutiny is objective, acts as a constructive critical friend and promotes reflection to drive continuous improvement.

Audit Framework

Auditing will be central for the Partnership to seek assurance of its partners safeguarding provision. Where appropriate, audits will look to:
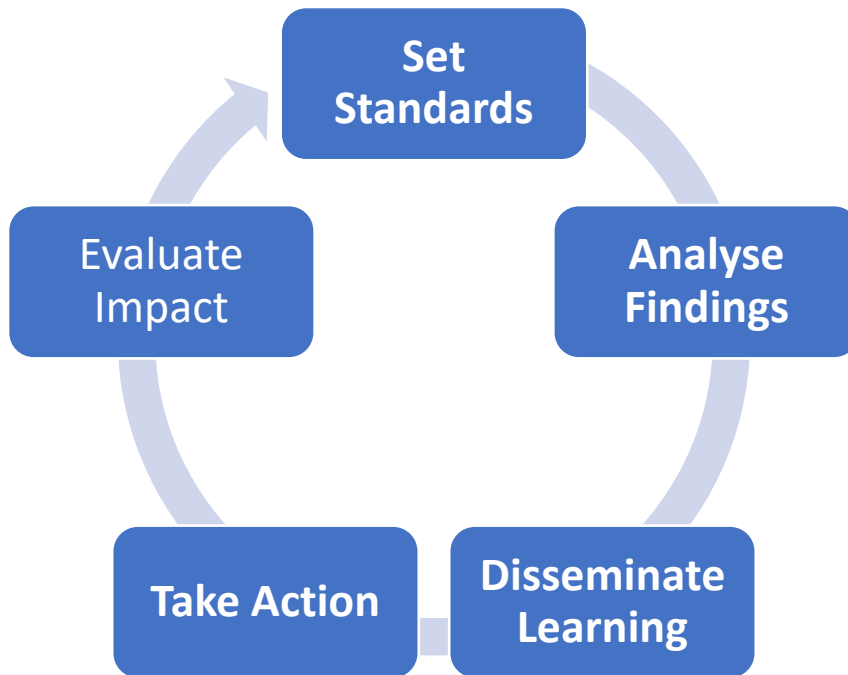

The five-step process above will enable the Partnership to:

- provide a stringent and consistent approach to assessing work undertaken on a multi-agency or single agency basis with a child/young person and their family or adult
- enable identification of learning points from areas which are working well and those which need improvement
- identify learning which can then be disseminated through the partnership
- focus on outcomes, impact and changes for children, young people, and adults
- enable the partnership to carry out its function of monitoring the effectiveness of what is done to protect children and adults and promote their welfare
- promote service and practice improvement through identification of key practice issues so that recommendations can be drawn together
- inform policy and practice protocols and learning and development activity
- understand the progress on the implementation of recommended improvements arising from case reviews

Methodology

The audit methodology used by the Partnership will be varied and will depend on the activity to be audited. Methods could include peer reviews, dip sampling or deep dives of specific areas of practice, trails, or practitioner discussions as some examples. Wherever possible, audits should be collaborative and involve practitioners and the views of the service user.

An audit proposal should be developed for every audit undertaken. Audit proposals should include:
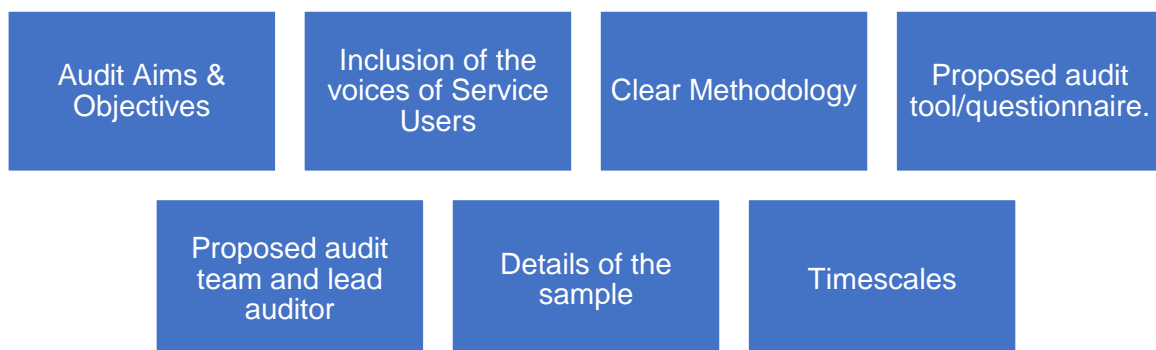
Appointment of Auditors and Reviewers

Whenever possible, all audits and reviews will be led be a staff member from within the Partnership or one of the statutory organisations.

Auditors

For audits involving more than one agency, the Partnership will lead the audit team and process. There will be an expectation that Partners nominate representative(s) to support the audit as appropriate.

Reviewers

Expressions of interest will be sought twice yearly from staff in police, health and social care who wish to develop their auditing skills and join the Partnership's reviewer pool. Successful applicants will be invited to undertake audits and reviews on behalf of the Partnership. Training and mentoring will be offered to successful candidates to support their professional development.

Alongside this, in collaboration with the local Higher Education Institutions, thematic reviews may be untaken by academics to support both the residents of Suffolk and broader academic research.

An Independent Reviewer will only be appointed for Independent LCSPRs and SARs. The appointment of external reviewers will be agreed by the relevant board and can be approved by email between meetings. Further details can be found in the Partnerships Statutory Review Guidance.

Role of the Partnership Support Team

The Partnership team will identify and appoint reviewers (with the agreement of the wider review team) and support facilitators in carrying out their role by:

- ensuring all relevant agencies participate as required
- giving the reviewer access to appropriate documentation
- help internal reviewers develop the relevant skills to successfully undertake the role
- overseeing the end-to-end to process to ensure deadlines are met
- reporting back to stakeholders and managing media relations

The Partnership have responsibility for ensuring that recommendations arising from audits are considered and actions identified and agreed as appropriate. Any improvement work will be drawn into themed work streams to avoid potentially duplicative action plans. The progress of improvement activities will also be monitored by the Partnership through the LIG meetings to ensure that the action taken has had the desired impact. In this way, audits will contribute to the quality of services to children and families and adults at risk in Suffolk.

Confidentiality

Auditors will complete audits in relation to their agency's involvement prior to any planned multi-agency discussion. All auditors attending audit moderation meetings will be required to ensure that confidentiality of all personal and identifying information is preserved. The audit samples chosen by the Partnership will be anonymised and no personal details of any case will be used in findings or reports.

All agencies and professionals involved with auditing and quality assurance will adhere to the information sharing policies set out by the Partnership. These will be set out by the Partnership at the beginning of any audit or quality assurance review.

Feedback Mechanisms

Any safeguarding concerns identified at any point during the audit process will be addressed immediately with the relevant manager by the Partnership. There is an expectation that most audits will be collaborative with the lead case holder/practitioner. All individual audits undertaken by an auditor will be sent to the case holder/practitioner and their manager so that they receive detailed feedback about their work.

4. Appendices

Appendix 1: Summary Descriptors of Quality Assurance Mechanisms

The descriptors below are designed to provide an overview of the various Quality Assurance Mechanisms. Further details on the specifics of the various mechanisms/methodologies will be contained in separate documents and were appropriate are referred in the description below.

Performance Management Data

Partners agree to provide data to the Partnership in relation to their performance. The agreed data sets that the Partnership collect will be determined by the LIG annually and will adapt depending on the priorities and emerging issues identified for that year. The data required is reviewed annually by the adults and children's Boards and used to inform the headline information contained on the scorecard in Section 2.

Performance data will be analysed to hold Partners to account on their commitments to the Partnership. It will be used to maintain up-to-date information in the Partnerships' scorecard and may also be used to inform Partnership decisions on themes that audits will explore.

Self-Evaluation

Annual Report

The Partnership will produce an annual report. The report will ensure requirements described in the Care Act 2014 (Schedule 2.4 (1) a – g) and Working Together to Safeguard Children (2018) are included within the report. It will highlight the key achievements and learning from the previous 12 months along with setting the vision for the year ahead. Statutory partners will also be asked to self-evaluate how they feel the Partnership has worked together for the benefit of Suffolk and their own organisation.

Statutory Audits

The Section 11 audit is a yearly review of safeguarding practice for agencies. The audit is based on a set of key safeguarding standards defined in Section 11 of the Children Act 2004 and in Section 43 of the Care Act 2014. The standards are designed to assist agencies and organisations to reflect upon their practice, identify strengths and any risks and to develop a short action plan if necessary, which also identifies if they require support from the Partnership. The Professional Advisers will support them to manage any risks. Findings from audits will be summarised and presented to Board annually.

Single Agency Audits

Single agency audits are undertaken by individual agencies[1] within the Partnership and are designed to promote learning and to provide regular, evidence-based evaluation of the quality & impact of practice teams and services by comparing these against each agency's agreed standards set.

Audit findings are collated and used to highlight areas of excellence so that learning from 'what works' can be identified and shared. Where practice is judged to fall below required/agreed standards, gaps/areas of concern are identified so that support can be offered to help achieve the necessary improvements. Audits need to demonstrate challenge and offer suggestions for improving practice, where required. Audits can be used to promote reflective practice, assist in process mapping, and identify practice/training/support needs.

At service and organisational level, audit findings assist with service prioritization, planning, and development by systematically and empirically identifying quality and practice issues & trends.

Joint Multi-Agency Audits

The multi-agency audits are conducted jointly by LA, Police, Health, and their aim is to jointly assess how the Partnership (LA, Police, Health, Probation, Education, Youth Justice Services etc.) are working together in an area to identify, support and protect vulnerable children and young people / people. The audit will evaluate service users' experiences against the full range of the criteria, looking for strengths, areas for development and examples of

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[1] In the context of Health, this could be the CCG completing a Serious Incident with one or more providers of the CCG coordinating activity with multiple providers.

innovative and effective practice. They target specific areas of interest and concern and identify areas for improvement whilst highlighting good practice from which others can learn. Each multi-agency audit will include a 'deep dive' investigation element.

The areas of focus will be decided by the Executive Board with input from key stakeholders. Full details on the key aspects of the methodology, and timeframes of a Joint Multi-Agency Audit can be found in the ==Partnerships Guide to Joint Multi-Agency Audits==.

Peer Review

Internal Peer Review

An internal peer review is where partners have an opportunity to examine and critically evaluate each other's local practices and systems to identify strengths and areas for improvement, share learning from the review and support future partnership working. A peer review team will be established to examine examples of good practice, hold focus groups and reflective discussions on key areas of practice and performance, undertake audits of practice, hold meetings with managers and practitioners, look at specific cases and examine customer feedback. Findings and outcomes are reported back verbally and in report form.

External Peer Review

An external peer review is when one safeguarding partnership engages in critical challenge and learning of another partnerships safeguarding oversight and quality assurance, e.g. Norfolk may undertake a review of Suffolk. The peer team examine evidence from different sources including how the partnership works with its partners, how its quality assures practice in partner agencies, how it assures itself of good quality safeguarding practice and procedures etc. Peer reviews can often focus on a theme or a topic. A report of the findings and outcomes will be written at the end of the peer review.

Stakeholder Voices

Feedback, comments, and complaints

All agencies must have feedback, comments and complaints processes in place and use this information to inform audit and quality assurance. Feedback will always be shared with the appropriate agency.

Feedback from service users and Suffolk residents will be actively sought through a variety of means:

- Consultation
- Comments, complaints, and compliments processes
- Use of the Inclusion strategy for all agencies within the Partnership

Partners have their own internal processes for managing complaints. The expectation is that any complaint received by the Partnership will be reviewed after all local processes have been exhausted. Where a complaint is received before local processes have been exhausted, the Partnership will refer the complaint to the relevant agency. Partners will be responsible for reporting to the SSP quarterly what proportion of complaints received by their organisation are in relation to safeguarding concerns.

The Partnership is reviewing its own complaints process, and this will be referred to in a future version of this document.

Stop & Review

Partners have their own internal processes for managing both single and multi-agency stop and review meetings. The Partnership will not engage or facilitate stop and review meetings until local processes have been exhausted and the issues raised are of a safeguarding nature.

Statutory Practice Reviews

CDOP

The responsibility for ensuring child death reviews are undertaken is held by the 'child death review' partners. Partners are defined as the Local Authority and Clinical Commissioning Groups. An independent multi-agency panel is established to scrutinise and analyse all aspects of a child's death and to consider whether action should be taken in relation to any matters identified.

Local Child Safeguarding Practice Review (LCSPR)

In line with the Working Together guidelines, the Partnership will complete a Rapid Review for any incident the Local Authority notifies the Department for Education of, or a referral submitted by a Partner. The outcome of this rapid review will lead to one of the following actions being taken:

1. Immediate Application of Learning identified through the Rapid Review Process
2. A single agency LCSPR
3. A Partnership[2] LCSPR
4. An independent LCSPR

Reviews will aim to consider the theme of identified issues rather than the individual case. Should the review conclude that safeguarding concerns were not identified this will be documented and fed back so learning on thresholds can be applied for future referrals.

Full details on the key aspects, methodologies, and timeframes for the different LCSPRs can found in the <mark>Partnerships Statutory Review Guidance</mark>.

Safeguarding Adult Review (SAR)

In line with Section 44 of the Care Act 2014, the Partnership will consider undertaking a SAR for any referral submitted to its Safeguarding Adults Review Panel (SARP). After consideration, one of the following actions may be taken:

1. Immediate Application of Learning identified through the Rapid Triage Process
2. A Single Agency Review
3. A Partnership Review[2]
4. A discretionary SAR
5. A SAR

As with LCSPRs, SARs will aim to consider the theme of identified issues rather than the individual case. Should the review conclude that safeguarding concerns were not identified this will be documented and fed back so learning on thresholds can be applied for future referrals.

Full details on the key aspects, methodologies, and timeframes for the different SARs can be found in the <mark>Partnerships Statutory Review Guidance</mark>.

Section 175/157 Audits

Section 175 of the Education Act 2002 places a statutory duty on the Local Education Authority, Governing Bodies of schools, and Further Education institutions to safeguard and promote the welfare of children. Section 157 of the same act places the same duty on Independent schools. Audits will be conducted by Education and Learning Service and reported annually to the Board.

Learning Disabilities Mortality Review (LeDeR)

A LeDeR review supports local areas to review the deaths of people with learning disabilities and to draw attention both to good practice and to potentially avoidable aspects of care and treatment which contributed to a death. Although the LeDeR process does not sit within the Partnerships remit (it resides within the NHS 'Transforming Care' workstream) pertinent learning, themes and trends will be brought to the Partnership via case reviews and the learning and improvement group. Any resulting recommendations will be put into practice to improve the quality of health and social care for people with learning disabilities. Reviews will be led and undertaken by Public Health.

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[2] Where a case does not meet the threshold for an Independent LCSPR or a SAR, but it is evident learning can still be found, a Partnership Review will be undertaken. This will be led by the Partnership and include all relevant agencies.